

ICC-ES Surveillance Inspection Report

Inspection Date:

Inspection Agency Name:

Email:

Report Holder's Name:

Manufacturer's Name (if different from listee):

Manufacturer's Contact Name:

Email:

Manufacturer's Address:

City:

Product Name & Description:

Previous Inspection Date:

Inspector's Name:

Phone:

ESV Report No.:

Phone:

Fax:

State:

Zip:

INSPECTION SUMMARY:

ALL SATISFACTORY.

OBSERVATION (ROOM FOR IMPROVEMENT).

NONCONFORMANCE(S) FOUND. Corrective action plan is required within 30 days of the date of inspection.

NCR NO.:

OTHER (Products destroyed/released for sale; impoundment; recall required):

Summary or Comments on findings:

Note: N/A = Not applicable; S = Satisfactory; U = Unsatisfactory; If the inspector writes "U" in any section of this report, an explanatory note is needed.

1. Review effectiveness of corrective action plan for nonconformances found during previous inspection

N/A

S (Nonconformance is closed)

U (Follow-up required)

Note

2. Review ICC-ES ESV Mark in literature, on website and on listed products

N/A

S

U

Note

3. Review complaint records on listed products

N/A

S

U

Note

4. Review changes to the quality manual/procedures that may affect listed products

N/A

S

U

Note

5. Review calibration records (attach additional sheets as needed) and evidence that the calibration provider conforms with ISO/IEC 17025 (e.g., is properly accredited)

N/A

S

U

Note

Equipment

Calibration Expiration Date

Traceability to a National Standard

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Review of records to assure that finished products are inspected and tested on regular basis.

N/A

S

U

Note

The signature of the Contact acknowledges that (a) he/she witnessed the presence of the ICC-ES inspector whose signature appears below at this plant location on the day indicated; (b) he/she received a completed copy of this form; and (c) he/she will send a complete copy of this form to the responsible person in charge at this location if he/she is not the responsible person in charge.

Signature: _____

(Contact Signature)

Signature: _____

(ICC-ES Inspector)

Time In: _____ Out: _____ In: _____ Out: _____ OT Hours: _____

FOR ICC-ES USE ONLY

Report Acceptable

Follow-up required: _____

Reviewer Signature/Date Reviewed: _____

CORRECTIVE ACTION REQUEST NO. _____

Reference Section:	Quality Documentation (Doc. No. and Date):
Details of Inspection Findings	
Requirement:	
Findings:	

CORRECTIVE ACTION REQUEST NO. _____

Section:	Quality Documentation (Doc. No. and Date):
Details of Inspection Findings	
Requirement:	
Findings:	

(Make additional copies, if needed)